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NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)

RECEIVED BY: _____

SENATE
S.B. No. 1534

Introduced by **SENATOR IMEE R. MARCOS**

**AN ACT
DECLARING THE RIGHTS AND RESPONSIBILITIES OF PATIENTS,
PROVIDING PENALTIES FOR VIOLATIONS THEREOF AND
FOR OTHER PURPOSES**

EXPLANATORY NOTE

"Implicit bias in healthcare," a phrase first used by the U.S. Institute of Medicine in its 2003 Report titled "Unequal Treatment", signifies the attitudes or stereotypes that affect healthcare providers' understanding, actions, and decisions in an *unconscious* manner.¹ It causes suffering and death for many, especially those suffering from chronic pain.²

In a September 20, 2022 Ted Talk titled "The Bias Behind Your Undiagnosed Chronic Pain," Michigan physician Sheetal DeCaria stated that those of lower insurance and income status, and racial and ethnic minorities receive worse care in clinics and hospitals. Moreover, when it comes to pain diagnosis, the bias extends beyond poverty and minority and is worse toward women. Although females have more nerve fibers than men and experience more hormonal fluctuations (which influence the majority of chronic pain conditions), they are more likely than men to be given anti-anxiety medication instead of painkillers when they present to the emergency department complaining of severe pain. In an online survey of 2,400 American women with a variety of chronic pain conditions, 91% felt that the healthcare system discriminated against them and nearly half were told that the pain was all in their heads.

In the Philippines, we've heard of healthcare personnel discriminating against and displaying rude behavior toward poor or indigent patients, or showing judgment

¹ Smedley, Stith, and Nelson (2003) "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare", Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Healthcare. National Academies Press <https://pubmed.ncbi.nlm.nih.gov/25032386/>

² DeCaria, Sheetal (2022) "The Bias Behind Your Undiagnosed Chronic Pain", Ted Talks Daily

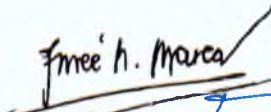
toward pregnant teenage patients. In a Philippine Daily Inquirer essay from August 27, 2018, columnist and St. Lukes Medical Center resident Dr. Kay Rivera acknowledged that doctors, given the "inhumane hours and frustrations of the healthcare system", are guilty of "jadedness, irritability, and clerical errors." However, she recognized that "(a doctor's) 36-hour shift does not justify rudeness to patients; and the number of teenage pregnancies does not excuse judgmental and petty behavior toward pregnant teenagers who come to the emergency room."

Section 11, Article XIII of the 1987 Philippine Constitution states that "the State shall adopt a comprehensive approach to health development which shall endeavor to make essential health and other social services available to *all* the people...and there shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children."

Healthcare providers and leaders working toward health equity will need to recognize and address pervasive implicit biases to truly enhance patient health care.

This bill seeks to (i) mandate healthcare providers to be conscious of and address implicit biases that affect patient-provider communication, relationship and outcomes; and (ii) empower patients who have suffered or may suffer from the consequences of these biases by making them aware of their rights and the remedies available to enforce these rights.

In view of the foregoing, the immediate approval of this bill is earnestly sought.


IMEE R. MARCOS

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AN ACT
DECLARING THE RIGHTS AND RESPONSIBILITIES OF PATIENTS,
PROVIDING PENALTIES FOR VIOLATIONS THEREOF AND
FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

1 **SECTION 1. Short Title.** – This Act shall be known as the "*Patients' Bill of Rights*
2 *and Responsibilities Act*".

3
4 **SEC. 2. Declaration of Policy.** – It is hereby declared the policy of the State to
5 protect and enhance the right of all people to human dignity, thereby establishing the
6 Patients' Bill of Rights and Responsibilities in order to ensure a decent, humane, and
7 quality health care for all patients and health care providers.

8
9 **SEC. 3. Definition of Terms.** – As used in this Act, the following terms shall be
10 defined as follows:

- 11
12 (a) *Emergency Patient* shall refer to one who is in immediate threat of losing life
13 or limb, or of suffering permanent disability;
- 14 (b) *Emergency treatment and support* shall refer to any medical or surgical
15 measure within the capability of the hospital or medical clinic that is
16 administered by qualified health care professionals to prevent the death or
17 permanent disability of a patient;
- 18 (c) *Medical clinic* shall refer to an establishment in which patients can avail of
19 medical consultation or treatment on an outpatient basis;
- 20 (d) *Permanent disability* shall refer to a condition of physical disability, as defined
21 under Article 192-C and Article 193-B and C of Presidential Decree No 442,
22 as amended, otherwise known as the Labor Code of the Philippines;
- 23 (e) *Hospital* shall refer to a facility devoted primarily to the diagnosis, treatment
24 and care of individuals suffering from illness, disease, injury or deformity, or
25 in need of obstetrical or other medical and nursing care. It shall also be

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construed as any institution, building or place where there are facilities and personnel for the continued and prolonged care of patients;

(f) *Health Care* shall refer to measures taken by a Health Care Provider or in a Health Care Institution in order to determine a patient's state of health or to restore or maintain it;

(g) *Health Care Institution* shall refer to a site devoted primarily to the maintenance and operation of facilities for the prevention, diagnosis, treatment and care of individuals suffering from illness, disease, injury or deformity if in need of medical and nursing care;

(h) *Health Care Provider* shall refer to any physician, dentist, nurse, pharmacist or paramedic and other supporting health personnel, including, but not limited to, dental and medical technicians and technologists, nursing aides, therapists, nutritionists trained in Health Care and/or duly registered and licensed to practice in the Philippines as well as traditional and alternative Health Care practitioner; and

(i) *Patient* who shall refer to a person who avails of health and medical care services.

SEC. 4. Individual Rights of Patients. – The following individual rights of patients shall be respected by all those involved in the delivery of Health Care services:

(a) *Right to Appropriate and Quality Health Care and Humane Treatment* – Every person has a right to a continuity of appropriate and good quality Health Care without discrimination based on race, ethnicity, gender and economic status. In the course of such care, his or her dignity, integrity, convictions, individual needs and culture shall be respected.

In case a Patient cannot immediately be given necessary treatment for any justifiable reason, he/she shall be informed of said reason for delay and be treated in accordance with his or her best interests: *Provided*, that the treatment applied shall be in accordance with generally accepted medical principles.

Emergency Patients shall be extended immediate medical care and treatment without requiring, as a prerequisite thereof, any pecuniary consideration, consistent with the provisions of Republic Act No. 8344 otherwise known as "An Act Prohibiting the Demand of Deposits or Advance Payments for the Confinement of Treatment of Patients in Hospitals and Medical Clinics in Certain Cases" and any amendments thereof.

(b) *Right to Dignity* – The Patient's dignity, culture and values shall be respected at all times in medical care and teaching. Likewise, terminally-ill patients shall be

1 entitled to humane terminal care to make dying as dignified and painless as
2 possible.

3

4 (c) *Right to be Informed of His Rights and Obligations as a Patient* – Every person
5 has the right to be informed of his or her rights and obligations as a Patient.

6

7 In line with this, the Department of Health (DOH), in coordination with Health
8 Care Providers, professional and civic groups, the media, health insurance
9 corporations, people's organizations and local government organizations, shall
10 launch and sustain a nationwide information and education campaign to make
11 known to the people their rights as Patients, as provided in this Act.

12

13 It shall also be the duty of Health Care Institutions to inform Patients of their
14 rights as well as of the institution's rules and regulations that apply to the
15 conduct of the Patient while in the care of such institution.

16

17 (d) *Right to Choose His Physician / Health Institution* – The Patient is free to choose
18 the services of a physician or health institution of his choice, except when he or
19 she chooses to be confined in a charity ward. In the latter case, the attending
20 physician under whose service the patient was admitted as appearing in the
21 Doctor's Order Sheet of the Medical Record shall be the consultant.

22

23 The Patient shall have the right to seek a second opinion and subsequent
24 opinions, if necessary, from another physician or health institution, and to
25 change his physician or Health Care Institution.

26

27 (e) *Right to Informed Consent* - The Patient has a right to self-determination and to
28 make free decisions regarding himself/herself. However, the attending physician
29 shall inform the Patient of the consequences of his/her decisions.

30

31 A Patient who is mentally-competent and is of legal age, or in his incapacity or
32 age of minority, his/her legal representative, has a right to a clear explanation,
33 in layman's terms, of all proposed or contemplated procedures, whether
34 diagnostic or therapeutic, including the identity and professional circumstances
35 of the person or persons who will perform the said procedure(s). The
36 explanation shall include the amount of information necessary and indispensable
37 for him to intelligently give his/her consent, including, but not limited to, the
38 benefits, risk, side effects and the probability of success or failure, as a possible
39 consequence of said proposed procedure(s), including the implications of
40 withholding consent. In the explanation, the comprehension ability of the patient
41 shall also be considered, taking into account his/her level of education, the

1 dialect or language that he/she speaks and understands, and, if possible, with
2 the use of anatomic sketch or any materials or visual aids that may aid the
3 Patient, or his/her legal representative, in fully understanding the proposed
4 procedure(s).

5
6 The right to informed consent shall likewise consider the voluntariness in which
7 the Patient or his/her legal representative has given his/her consent, seeing to
8 it that the Patient or his/her legal representative was allowed to ask questions,
9 or that he/she is given the chance to consult his/her kin, or to seek another
10 expert opinion. If the Patient is unconscious or is unable to express his/her will,
11 informed consent must be obtained whenever possible from a legal
12 representative; *Provided*, however, that when medical intervention is urgently
13 needed, the consent of the patient may be presumed; *Provided further*, that a
14 physician should always try to save the life of a Patient who is unconscious due
15 to a suicide attempt.

16
17 In the case of a Patient who is legally incompetent or is a minor, the consent of
18 a legal representative is required; *Provided*, however, that the Patient must be
19 involved in the decision-making process to the fullest extent allowed by his/her
20 mental capacity. If the legally incompetent Patient can make rational decisions,
21 his/her decisions must be respected, and he/she has the right to forbid
22 disclosure of such information to his/her legal representative.

23
24 If the patient's legal representative forbids treatment, but, in the opinion of the
25 physician, it is contrary to the patient's best interest, the physician may challenge
26 this decision in court; *Provided*, however, that in emergency cases, the physician
27 shall act in the patient's best interest; *Provided further*, that in emergency cases
28 where there is no one who can give consent on the patient's behalf, the physician
29 can perform any emergency diagnostic or treatment procedure in the best
30 interest of the patient.

31
32 (f) *Right to Refuse Diagnostic and Medical Treatment* – The Patient has the right to
33 refuse diagnostic and medical treatment procedures, provided that the following
34 conditions are satisfied:

- 35
36 1. The Patient is of legal age and is mentally competent;
37 2. The Patient is informed of the medical consequences of his/her refusal;
38 3. The Patient releases those involved in his care from any obligation relative
39 to the consequences of his/her decision; and
40 4. The Patient's' refusal will not jeopardize public health and safety.
41

1 (g) *Right to Refuse Participation in Medical Research* – The Patient has the right to
2 be advised of plans to involve him/her in medical research that may affect the
3 care or treatment of his/her condition. Any proposed research shall be
4 performed only upon the written informed consent of the Patient.
5

6 (h) *Right to Religious Belief and Assistance* – The Patient has the right to receive
7 spiritual and moral comfort, including the help of a priest or minister of his/her
8 chosen religion. He/she also has the right to refuse medical treatment or
9 procedures which may be contrary to his religious beliefs.
10

11 (i) *Right to Privacy and Confidentiality* – The patient has the right to privacy and
12 protection from unwarranted publicity. The right to privacy shall include the
13 patient's right not to be subjected to exposure, private or public, either by
14 photography, publications, video-taping, discussion, or by any other means that
15 would otherwise tend to reveal his person and identity and the circumstances
16 under which he/she was, is, or will be, under medical or surgical care or
17 treatment.
18

19 The Patient and his/her legal representative have the right to be informed by
20 the physician or his/her legal representative of the patient's continuing Health
21 Care requirements following discharge, including instructions about home
22 medications, diet, physical activity and other pertinent information.
23

24 All identifiable information about a patient's health status, medical condition,
25 diagnosis, prognosis and treatment, and all other information of personal kind,
26 must be kept confidential even after death; *Provided*, that descendants may
27 have a right of access to information that will inform them of their health risks.
28

29 All identifiable Patient data must also be protected. The protection of the data
30 must be appropriate as to the manner of its storage. Human substance from
31 which identifiable data can be derived must be likewise protected.
32

33 Confidential information may be disclosed in the following cases:
34

35 i. When the patient's medical or physical condition is in controversy in a court
36 litigation and the court, in its discretion, orders the patient to submit to physical
37 or mental examination of a physician;
38

39 ii. When public health or safety so demands;
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41 iii. When the Patient, or in his incapacity, his/her legal representative, expressly
42 gives the consent;

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- iv. When the patient's medical or surgical condition is discussed in a medical or scientific forum for expert discussion for his/her benefit or for the advancement of science and medicine; *Provided*, however, that the identity of the Patient should not be revealed; and
- v. When it is otherwise required by law.

(j) *Right to Disclosure of, and Access to Information* – In the course of the Patient's treatment and hospital care, the Patient or his/her legal guardian has the right to be informed of the result of the evaluation and of the nature and extent of his/her disease. Any other additional or further contemplated medical treatment on surgical procedure(s) shall be disclosed and may only be performed with the written consent of the patient.

The disclosure of information may be withheld if giving the information to the Patient will cause mental suffering or further impair his/her health. *Provided*, That such disclosure may be withheld or deferred to some future opportune time upon due consultation with the patient's immediate family. *Provided further*, That such information must be given in a way that is appropriate to the local culture and in a manner the Patient can understand.

The Patient has the right to choose who he/she desires should be informed on his behalf. *Provided*, however, That the Patient also has the right not to be informed on his/her explicit request, unless it is required for the protection of another person's life.

The Patient has the right to be given, and examine, an itemized bill for hospital and medical services rendered. He/she is entitled to a thorough explanation of such bill as well as of the financial assistance schemes available to him/her before receiving treatment.

Finally, the Patient has the right to be issued an Official Receipt for any payment he/she has made, showing the date of transaction, quantity, unit cost and description of drugs, medicine, or other items purchased, or nature of service rendered.

(k) *Right to Correspondence and to Receive Visitors* – The Patient has the right to communicate with his/her relatives and other persons and to receive visitors subject to reasonable limits prescribed by the rules and regulations of the Health Care Institution.

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(l) *Right to Medical Records* – The Healthcare Institution and the physician shall ensure and safeguard the integrity and authenticity of medical records.

The Patient, upon his/her request, is entitled to a medical certificate and clinical abstract. He/she has the right to view, and obtain an explanation of, the contents of his/her medical records from the attending physician, except for psychiatric notes and other incriminating information obtained about a third party.

The Patient may also obtain from the Health Care Institution a reproduction, at his/her expense, of his/her medical records, except for the psychiatric notes and incriminating evidence referred to above; *Provided*, That any relevant document that the Patient may require for insurance claims shall be made available to him within a reasonable period of time.

(m) *Right to Health Education* – Every person has the right to health education that will assist him in making informed choices about personal health and about available health services. This education shall include information about healthy lifestyles and about methods of prevention and early detection of illnesses. The personal responsibility of everybody for his/her own health should be stressed.

(n) *Right to Leave Against Medical Advice* – The Patient has the right to leave a hospital or any other Health Care Institution regardless of his/her physical condition; *Provided*, that:

1. He/she is informed of the medical consequences of his/her decision;
2. He/she releases those involved in his/her care from any obligation relative to the consequences of his/her decision; and
3. His/her decision will not prejudice public health and safety.

(o) *Right to Express Grievances* – Every Patient has the right to express valid complaints and grievances about the care and services received and to know the disposition of such complaints, in accordance with Sections 7-8 of this Act.

SEC. 5. Societal Rights of Patients. – In addition to patients' individual rights, the Patient likewise has the following societal rights:

(a) *Right to Health* – The Patient has the right to access quality Health Care and physicians who are free to render clinical and ethical judgment without interference or external pressure. He/she has likewise the right to regain/and or acquire the highest attainable standard of health in a non-discriminatory,

1 gender sensitive and equal manner which health authorities and Health Care
2 Providers must progressively contribute to realize.
3

4 (b) *Right to Access to Quality Public Healthcare* – The Patient has the right to a
5 comprehensive and integrated Health Care delivery system with the
6 necessary manpower and facility resources. He/she shall also have the right
7 to a functioning public health and Health Care facilities, needed programs,
8 such as public health insurance, goods and services in sufficient quantity.
9 He/she shall likewise be provided with health facilities and services with
10 adequate provision for essential drugs, regular screening programs,
11 appropriate treatment of prevalent diseases, illnesses, injuries and
12 disabilities. Towards this end, the government shall approximate the
13 international standard allocation for the health sector as set by the World
14 Health Organization.
15

16 (c) *Right to a Healthy and Safe Workplace* – The Patient has the right to a
17 healthy natural workplace environment with adequate supply of safe and
18 potable water and basic sanitation, industrial hygiene, prevention and
19 reduction of exposure to harmful substances, preventive measures for
20 occupational accidents and diseases, and an environment that discourages
21 abuse of alcohol, tobacco and drug use, and the use of other harmful
22 substances.
23

24 (d) *Right to Medical Information and Education Programs* – The Patient has the
25 right to medical information and education programs on immunization;
26 prevention, treatment and control of diseases; behavior related concerns;
27 and disaster relief and emergency situations during epidemics and similar
28 health hazards. The State shall endeavor to provide this information through
29 lectures, symposia, tri-media, posters and the like.
30

31 (e) *Right to Participate in Policy Decisions* – The Patient has the right to
32 participate in policy decisions relating to patient's right to health at the
33 community and national levels.
34

35 (f) *Right to Access to Health Facilities* – The Patient has the right to be admitted
36 to primary, secondary, tertiary and other specialty hospitals when
37 appropriate and necessary.
38

39 (g) *Right to an Equitable and Economical Use of Resources* – The Patient has
40 the right to an equitable and economical use of resources such that health
41 institutions, projects and programs of the State are equitably established and
42 implemented in various regions of the country.
43

1 (h) *Right to Continuing Health Care* – The Patient has the right to avail of or
2 secure access to programs that will ensure continuity of care in the form of
3 hospice care, rehabilitation, chemotherapy, radiotherapy and other similar
4 modalities.

5
6 (i) *Right to Be Provided Quality Health Care in Times of Insolvency* - The Patient
7 has the right, at all times, to access quality medical care in spite of
8 insolvency. The State must provide for a system of payment to Health Care
9 Institutions and Providers for all the valid and necessary medical expenses
10 of the poor and marginalized citizens.

11
12 **SEC. 6. *Obligations of Patients.*** – The Patient shall fulfill the following obligations
13 and responsibilities regarding his/her medical care and/or personal behavior:

14
15 (a) *Know His/Her Rights* – The Patient shall ensure that he/she knows and
16 understands what his/her rights as a Patient are and shall exercise those
17 rights responsibly and reasonably.

18
19 (b) *Provide Adequate, Accurate and Complete Information* – The Patient shall
20 provide, to the best of his/her knowledge, adequate, accurate and complete
21 information about all matters pertaining to his/her health, including
22 medications and past or present medical problems, ailments, medical history,
23 consultation with other physicians, results of diagnostic work-up and
24 treatment, to his/her Health Care Provider.

25
26 (c) *Report Unexpected Health Changes* – The Patient shall report unexpected
27 changes to his/her condition or symptoms, including pain, to his/her Health
28 Care Provider.

29
30 (d) *Understand the Purpose and Cost of Treatment* – The Patient shall ensure
31 that he/she understands the purpose and cost of any proposed treatment or
32 procedure before deciding to accept it. He/she shall notify his/her Healthcare
33 Provider if he/she does not understand any information about the proposed
34 care or treatment. The Patient shall insist upon explanations until adequately
35 informed and shall endeavor to make all the necessary consultations before
36 reaching a decision.

37
38 (e) *Accept the Consequences of His/Her Own Informed Consent* – The Patient
39 shall accept all the consequences of his/her own informed consent. If he/she
40 refuses treatment or does not follow the instructions or advice of the
41 Healthcare Provider, he/she must accept the consequences of such decision
42 and relieve the Health Care Provider of any liability as a result of the exercise
43 of his/her right to self-determination.

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- (f) *Settle Financial Obligations* – The Patient shall ensure that the financial obligations as a result of his/her Health Care are fulfilled as promptly as possible. Otherwise, he/she shall make the appropriate arrangements to settle unpaid hospital bills and/or professional fees in accordance with Republic Act No. 9439. The patient must seek support from the State in order to establish a system of payment to Healthcare Institutions and Providers.

- (g) *Respect the Rights of Health Care Providers, Health Care Institutions and Other Patients* – The Patient is obligated to give due respect to the rights and well-being of Health Care Providers, Health Care Institutions and other Patients. He shall act in a considerate and/or cooperative manner and shall give respect to the rights and properties of others. He shall follow the policies, rules and regulations, and procedures of Healthcare Institutions.

- (h) *Obligation to Self*– The Patient shall refrain from indulging in unhealthy food consumption; addiction-forming substance foods such as tobacco, alcohol and drugs; lifestyles that have an adverse impact on health, such as sexual promiscuity and reckless activities; and contamination of the environment. The Patient is obligated to maintain a state of wellness.

- (i) *Provide Adequate Health Information and Actively Participate in his/her Treatment* – The Patient shall ensure that he/she has adequate health information that will allow him/her to actively participate in the formulation of his/her diagnostic and treatment plans. When he/she signs an informed consent, it is assumed that he has the necessary information.

- (j) *Respect the Right to Privacy of Health Care Providers and Institutions* – The Patient has the obligation to submit grievances to the proper authorities or venue and not resort to unwarranted publicity in the media. He/she shall not disclose to the public any alleged complaint against Health Care Providers and/or Institutions if it has not been fully decided by a court or administrative tribunal of proper jurisdiction.

- (k) *Exercise Fidelity on Privileged Communication* – A patient-physician relationship is a fiduciary one where mutual trust, respect and confidence are expected. All communications are privileged and the patient is obliged not to breach this privileged communication especially if it involves a third party.

- (l) *Respect a Physician's Refusal to Treat Him* – While the Patient has the right to choose his/her physician, he/she is also obligated to respect the physician's decision to choose whom he/she will treat.

1 (m) *Respect the Physician's Decision on Medical Reasons based on his/her*
2 *Religious Beliefs* – The Patient is obliged to respect the physician's religious
3 beliefs. If the Patient is a minor or is legally incapacitated, his/her parents
4 or legal representatives are obliged to likewise respect the physician's
5 decision on matters relating to medical reasons despite their religious beliefs.
6

7 (n) *Ensure Integrity and Authenticity of Medical Records* – The Patient is obliged
8 to ensure the integrity and authenticity of his/her medical records. Any
9 manner of alteration of his/her records is a criminal offense subject to the
10 provisions of the Revised Penal Code.
11

12 (o) *Participate in the Training of Competent Future Physicians* – The Patient is
13 obligated to participate in the training of future physicians provided that
14 necessary information is provided to him/her and the appropriate ethical
15 considerations are observed.
16

17 (p) *Report Infractions and Exhaust Grievance Mechanism* – The Patient shall
18 immediately inform his/her Health care Provider of any perceived or alleged
19 infraction of his/her rights, as set forth in this Act through proper channels
20 in order to promote mutual trust, respect and confidence, between the
21 Provider and the and Patient.
22

23 **SEC. 7. Penal Provisions.** – Any official of a Health Care Institution, Health Care
24 Provider, or employee of a Hospital or Medical Clinic who violates any Individual or
25 Societal Right of a Patient, as provided in this Act, shall upon conviction by final
26 judgment, be punished by imprisonment of not less than six (6) months and one (1)
27 day but not more than two (2) years and four (4) months, or a fine of not less than
28 Twenty thousand pesos (Php 20,000.00), but not more than One hundred thousand
29 pesos (Php 100,000.00) or both, at the discretion of the court: *Provided, however,* That
30 if such violation was committed pursuant to an established policy of the hospital or
31 clinic or upon instruction of its management, the director or officer of such hospital or
32 clinic responsible for the formulation and implementation of such policy shall, upon
33 conviction by final judgment, suffer imprisonment of four (4) to six (6) years, or a fine
34 of not less than One hundred thousand pesos (Php 100,000.00), but not more than
35 Five hundred thousand pesos (Php 500,000.00) or both, at the discretion of the court.
36

37 **SEC. 8. Inclusion in School Curriculum, Licensure Examinations, and Training.**
38 – The provisions of this Act shall be considered in the medical and medical-related
39 school curriculum and licensure examinations, including trainings and seminars of
40 traditional and alternative Healthcare Providers or practitioners.
41

42 **SEC. 9. Implementing Rules and Regulations.** – The Secretary of Health, in
43 consultation with the Philippine Medical Association, the Philippine Hospital Association,

1 the Philippine Institute of Traditional and Alternative Health Care and other concerned
2 private agencies, non-governmental organization and people's organizations shall
3 promulgate such rules and regulations as may be necessary for its implementation
4 within One Hundred Eighty (180) days from the effectivity of this Act.

5
6 **SEC. 10. *Repealing Clause.*** – All Acts, Executive Orders, Rules and Regulations,
7 or parts thereof that are inconsistent with the provisions of this Act are hereby repealed
8 or modified accordingly.

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10 **SEC. 11. *Separability Clause.*** – If any portion or provision of this Act is declared
11 unconstitutional, the remainder of this Act or any provision not affected thereby shall
12 remain in force and effect.

13
14 **SEC. 12. *Effectivity.*** – This Act shall take effect fifteen (15) days after the date
15 of its publication in at least two (2) major newspapers of general circulation.

16
Approved,